



FREE TRANSMITTAL for FY 2002		Complete if Known	
		Application Number	09/330,544
		Filing Date	June 11, 1999
		First Named Inventor	Robert F. Baugh
		Examiner Name	Lyle Alexander
		Group / Art Unit	1743
		Attorney Docket No.	P4455.01 DIV
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 740.00		

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> check <input type="checkbox"/> credit card <input type="checkbox"/> money order <input type="checkbox"/> other <input type="checkbox"/> none <input type="checkbox"/> Deposit Account Deposit Account Number: 50-1123 Deposit Account Name: Hogan & Hartson L.L.P. The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) for this filing <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		3. ADDITIONAL FEES	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
740	370	Utility Filing Fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	Extra Claims	Fee from below	Fee Paid
	-20**=		
Independent Claims	-3**=		
Multiple Dependent			
**or number previously paid, if greater; For Reissues, see below			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	
18	9	Claims in excess of 20	
84	42	Independent claims in excess of 3	
280	140	Multiple dependent claim, if not paid	
84	42	**Reissue independent claims over original patent	
18	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			
		3. ADDITIONAL FEES	
		Large Entity Fee (\$)	Small Entity Fee (\$)
		130	65
		50	25
		130	130
		2,520	2,520
		920*	920*
		1,840*	1,840*
		110	55
		400	200
		920	460
		1,440	720
		1,960	980
		320	160
		320	160
		280	140
		1,510	1,510
		110	55
		1,280	640
		1,280	640
		460	230
		620	310
		130	130
		50	50
		180	180
		40	40
		740	370
		740	370
		740	370
		900	900
		Other fee (specify)	
		SUBTOTAL (3) (\$) 740.00	

SUBMITTED BY Complete (if applicable)			
Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone	
Sarah O'Rourke	41,226	(720) 406-5385	
Signature	Date		
<i>Sarah O'Rourke</i>	2-14-02		



Atty. Docket No. P4455.01 DIV
Matter No. 46234.0063.001
Express Mail No. EL941919319US

In re Application of:)
)
Robert F. Baugh et al.) Group Art Unit: 1743
)
Serial No. 09/330,544) Examiner: L. Alexander
)
Filed: June 11, 1999)
)
For: TEST CARTRIDGE FOR)
EVALUATING BLOOD PLATELET)
FUNCTIONALITY)

CERTIFICATE OF MAILING BY EXPRESS MAIL

Box RCE
Commissioner for Patents
Washington, D.C. 20231

Sir:

The undersigned hereby certifies that the following documents:

1. Request for Continued Examination (RCE);
2. Check in the amount of \$740.00 (RCE fee);
3. Fee Transmittal (in duplicate);
4. Certificate of mailing by Express Mail; and
5. Return Postcard

relating to the above application, were deposited as "Express Mail", Mailing Label No. EL941919319US with the United States Postal Service, addressed to Box RCE, Commissioner for Patents, Washington, D.C., 20231, on Feb. 14, 2002.

Feb. 14, 2002
Date

Sarah O'Rourke
Mailer

Feb. 14, 2002
Date

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